

REMARKS

Claims 1, 3-19 and 21-32 are pending in this application. By this Amendment, claims 2 and 20 are cancelled without prejudice or disclaimer, claims 1, 14, 21, 22, 27 and 28 are amended, and claims 29-32 are added.

THE CLAIMS DEFINE PATENTABLE SUBJECT MATTER

The Office Action rejects claims 1, 14 and 17 under 35 U.S.C. § 103(a) as unpatentable over U.S. Patent 5,704,366 to Tacklind, et al. in view of U.S. Patent 5,944,659 to Flach, et al. The Office Action rejects claims 2, 11 and 20-25 under 35 U.S.C. § 103(a) as unpatentable over Tacklind, and Flach, in further view of U.S. Patent 5,772,585 to Lavin, et al. The Office Action rejects claims 3-5, 15 and 16 under 35 U.S.C. § 103(a) as unpatentable over Tacklind and Flach in further view of U.S. Patent 6,185,513 to Plettner, et al. The Office Action rejects claims 6-10, 12, 13, 18, 19 and 26 under 35 U.S.C. § 103(a) as unpatentable over Tacklind and Flach in view of U.S. Patent 5,576,952 to Stutman, et al. The Office Action rejects claim 27 under 35 U.S.C. § 103(a) as unpatentable over Tacklind in view of Lavin and in further view of Plettner. The Office Action rejects claim 28 under 35 U.S.C. § 103(a) as unpatentable over Tacklind and Flach, in view of Lavin and Plettner. These rejections are respectfully traversed.

Independent claims 1, 14, 27 and 28 all recite a method and corresponding system for providing users access to information of health parameters on patients, comprising means for displaying and arranging clinical statistics and administrative statistics into hierarchical screens of higher and lower levels wherein a user can access information in the lower levels by selecting from the higher levels to enter the lower levels.

The Office Action admits that Tacklind does not disclose a method or system comprising means for arranging clinical statistics and administrative statistics into hierarchical screens of higher and lower levels, wherein a user can access lower levels by selecting from the higher levels to enter the lower levels. The Office Action contends that Lavin teaches this feature and states that it would have been obvious to one of ordinary skill in the art to incorporate the teachings of Lavin into the invention of Tacklind.

Applicants respectfully assert that figures 22-24 of Lavin illustrate the relationship among the various database tables and does not illustrate or disclose navigational paths or displaying data in a hierarchical format of higher and lower levels wherein a user can access lower levels by selecting from the higher levels to enter the lower levels. Lavin's only

references to hierarchy are Col. 5, line 58 and Col. 15, line 64. In Col. 5 line 58, Lavin's reference to hierarchy is in the context of object-oriented programming to facilitate appointment scheduling and describes a linear flow-chart of Figure 3. In Col. 15, line 64, Lavin's reference to hierarchy is in the context of printing reports from a "drag" and "drop" interface. Neither of these references by Lavin addresses hierarchy as recited in independent claims 1, 14, 27 and 28. Rather, Lavin's figures, especially 23 and 24, show "radically outlined tables" (Col.15, line 2) with no description of the navigation of the presentation of the data but with the connotation that the data is not hierarchical. Similarly, Lavin's figure 22 which describes appointment scheduling and not clinical data, shows non-hierarchical relations among data such as appointments. Accordingly, Applicants respectfully assert that Lavin, et al. does not disclose or suggest means for displaying and arranging clinical statistics and administrative statistics into hierarchical screens of higher and lower levels, wherein a user can access information in the lower levels by selecting from the higher levels to enter the lower levels.

Applicants respectfully assert that the Tacklind-Flach, the Tacklind-Flach-Lavin, the Tacklind-Flach-Plettner, the Tacklind-Flach-Stutman, the Tacklind-Lavin-Plettner and the Tacklind-Flach,-Lavin-Plettner combinations do not disclose or suggest all of the features recited in independent claims 1, 14, 27 and 28. Thus, independent claims 1, 14, 27 and 28 and dependent claims 3-13, 15-19, 21-26 and 29-32 are clearly distinguishable from and define subject matter patentable over the cited prior art

Accordingly, reconsideration and withdrawal of the rejection of claims 1, 3-19 and 21-28 are respectfully solicited. Applicants respectfully assert that the rejection of claims 2 and 20 is moot because claims 2 and 20 are cancelled.

CONCLUSION

For at least the reasons outlined above, Applicants respectfully assert that the application is in condition for allowance. Favorably reconsideration and prompt allowance of claims 1, 3-19 and 21-32 are respectfully solicited.

Respectfully submitted,

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APPENDIX

VERSION WITH MARKINGS TO SHOW CHANGES MADE

IN THE CLAIMS:

Please cancel claims 2 and 20 without prejudice or disclaimer.

Please amend claims 1, 14, 21, 22, 27 and 28 as follows:

1. (Amended) A method providing users access to information of health parameters on patients, comprising:
 - (a) receiving digital data from one or more patient sources on the health parameters of the patients;
 - (b) processing the digital data using a computer and providing clinical statistics and administrative statistics; [and]
 - (c) providing access to the clinical statistics and administrative statistics via Internet protocol to one or more users such that the one or more users can each access the clinical statistics and the administrative statistics independently; and
 - (d) displaying and providing access to the clinical statistics and administrative statistics via hierarchal screens of higher and lower levels wherein a user can access lower levels by selecting from the higher levels to enter the lower levels.

14. (Amended) A system for providing users access to information of health parameters on patients, comprising:
 - (a) modem for receiving digital data from one or more patient sources on the health parameters of the patients; [and]
 - (b) management computer for processing the digital data and providing clinical statistics and administrative statistics and for providing access to the clinical statistics and administrative statistics via Internet protocol to one or more users such that one or more users can each access the clinical statistics and the administrative statistics independently; and
 - (c) means for displaying and arranging the clinical statistics and administrative statistics into hierarchal screens of higher and lower levels wherein a user can access information in the lower levels by selecting from the higher levels to enter the lower levels.

21. (Amended) A system according to claim [20] 14, further comprising computing means for presenting trends statistics on historical data of a health parameter.

22. (Amended) A system according to claim [20] 14, further comprising means associated with the management computer for responding to an item being selected from a list of displayed choices to effect a display statistics of the item.

27. (Amended) A system for providing users access to information of health parameters on patients, comprising:

(a) modem for receiving digital data from one or more patient sources on the health parameters of the patients, the digital data from the patient source contain data of a relative time scale on the patient source and a relative time scale on a health parameter sensing unit;

(b) management computer for processing the digital data and providing clinical statistics and administrative statistics to provide access to the clinical statistics and administrative statistics to one or more users such that the one or more users can each access the clinical statistics and the administrative statistics independently, the management computer having means for displaying and arranging the clinical statistics and administrative statistics into hierarchal screens of higher and lower levels wherein a user can access information in the lower levels by selecting from the higher levels to enter the lower levels; and

(c) timer associated with the management computer to provide absolute time for computing absolute time of digital data associated with the patient source and the health parameter sensing unit using the relative time scales.

28. (Amended) A system for providing users access to information of health parameters on patients, comprising:

(a) means for receiving digital data from one or more patient sources on the health parameters of the patients, the digital data from the patient source contain data of a relative time scale on the patient source and a relative time scale on a health parameter sensing unit;

(b) means for processing the digital data to provide clinical statistics and administrative statistics and for providing access to the clinical statistics and administrative statistics via Internet protocol to one or more users such that the one or more users can each access the clinical statistics and the administrative statistics independently;

(c) means for displaying and arranging the clinical statistics and administrative statistics into hierarchal screens of higher and lower levels wherein a user can access information in the lower levels by selecting an item from a higher level to enter a lower level; and

(d) means for computing absolute time of digital data associated with the patient source and the health parameter sensing unit using the relative time scales.

Claims 29-32 are added as new claims.